

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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5		2				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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CLAIMS

SERIAL NO.

09/720066

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL CLAIMS	25		24		23								
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TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS